ATH SUICIDE SIDICIDE		•			DEPARTMENT OF HEALT OF VITAL STATISTICS	TH STATE	FILE NO.	5781	
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B. CITY UP OUTSIDE CORPORATE EMITS. WHITE C. LENGTH OF STAY.  ON ALL STAY OF COMPANY STAY OF STAY.  ISIDENCE  D. FULL NAME OF 100 IN PROSPITAL OR INSTITUTION, OVER STAY.  IN THE PLANT OF THE OF STAY.  IN THE PLANT OF THE STAY.  IN THE PL	)E DEATH	A. COUNTY	Annienda.		1 =	CE (WHERE DE			Mission
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D. STREET	708 73	OR .	RURAL)	IN THIS PLACE IN ARE	ZONA OR	CORPORATE	LIMITS, WRITE	RUHALI	
ADDRESS MUQUEL A. SEX B. COLOR OR R. (LAST)  3. NAME OF A. (HIRST) B. (MIDDLE) C. (LAST)  4. SEX B. COLOR OR R. (LAST)  4. SEX B. COLOR OR R. (LAST)  4. SEX B. COLOR OR R. (LAST)  5. MARRIED (LAST)  6. MARRIED (LAST)  7. DATE OF BIRTH G. AGE MONTH ON THE DEATH OF WAR IN COLOR O	ESIDENCE	D. FULL NAME OF	(IF NOT IN MOSPITAL	OR INSTITUTION COME STATES		enember	ng	<u> </u>	
3. NAME OF DECRASED DECRASED A STATE OF BIRTH BOOKED AND STATE OF PRINTS OF	- 1	HOSPITAL OR	ADDRESS OR LOCATI	ON HE STREET		· · · · · · · · · · · · · · · · · · ·	(IF/RURA)	GIVE LOCATIO	Ni
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TA 59  ITA 159  ITA 1	ONAL /	98. KIND OF BUSI.	10. BIRTHPLACE (	STATE IL CITIZEN OF WHA	<del></del>	Meterid	e care	urter.	
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CARLAN ACIDENT   SIGNATURE   ADDRESS   17. DATE   (MONTH! (DAY)   (YEAR)   (HOUR!)   (YEAR)   (HOUR!)	VIA /5 7			14B. BIRTHPLACE	154 MOTHER'S M	NIDEN NAME		369-01	<u>- /200</u>
15. INFORMANT'S SIGNATURE    16. INFORMANT'S SIGNATURE   ADDRESS   17. DATE   IMMORTH   IMMORTH	1.1	Charles a	llen	STATE OR COUNTR	V)	JA.	41	STATE OR	LACE COUNTRY
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18. CAUSE OF DEATH	1/5/	Marman Ti	ilma Wic	benhuer arises	OF	(MONTH)			(EAR)
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ATH / SUICIDENT (SPECIFY)   21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, SUICIDE HOMICIDE   FARM, FACTORY, STREET, OFFICE BLDG., ETC.)   21C. (CITY OR TOWN) (COUNTY) (STRENAL ZID. TIME (MONTH) (DAY) (YEAR) (HOUR)   21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE WORK   AT WORK   AT WORK   AT WORK   AT WORK   AT WORK   ALIVE ON 10-28, 1951. AND THAT I ATTENDED THE DECEASED FROM 10-21, 1948. TO 10-28, 1951. THAT I LAST SAW THE DECEASED IN ALIVE ON 10-28, 1951. AND THAT DEATH OCCURRED AT SUMM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.  ICATION   23B. SIGNATURE, (DEGREE OR TITLE)   23B. ADDRESS   23C. DATE SIGNATURE   24B. BURIAL SE   24B. DATE   24C. NAME OF CEMETERY OF CREATURE   23C. DATE SIGNATURE   24B. BURIAL SE   24B. DATE   24C. NAME OF CEMETERY OF CREATURE   24C. NAME OF CEMETERY OF CEMETERY OF CREATURE   24C. NAME OF CEMETERY		19A. DATE OF OPERAT	FION 19B. MAJ	OR FINDINGS OF OPERAT	ION /	N - CON GOVE	mui	<del>+</del>	SY7
ATH	OPSY L							I '	NO B
HOMICIDE  RNAL  21D. TIME (MONTH) (DAY) (YEAR) (HOUR)  ENCE  INJURY  MHILE AT NOT WHILE AT WORK D  ALIVE ON 10-23, 1951. THAT I LAST SAW THE DECEASED FROM 10-21. 1948. TO 10-23, 1951. THAT I LAST SAW THE DECEASED FROM 23A. SIGNATURE, (DEGREE OR TITLE)  11CAL  22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-21. 1948. TO 10-23, 1951. THAT I LAST SAW THE DECEASED FROM 23A. SIGNATURE, (DEGREE OR TITLE)  23A. SIGNATURE, (DEGREE OR TITLE)  23B. ADDRESS  124A. BURIAL SE 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY.	ATH 🚅	SUICIDE	(SPECIFY)	218. PLACE OF INJU	RY (E. G., IN OR ABOUT HO	ME, 21C. (CIT)	OR TOWN)	<u> </u>	(STATE)
WHILE AT NOT WHILE  IICAL  RONER'S  ICATION  WHILE AT NOT WHILE  WORK II AT WORK II  NOT WHILE  AT WORK II  ALIVE ON 10-28, 1951. AND HAT DEATH OCCURRED AT SOME.  COMER'S	1			FARM, FACIORY,	SINCE I. OFFICE BLDG., ETC.	.)		•	,
IICAL RONER'S REAL REPARATION  WORK A AT WORK A AT WORK A ROUND AND AND AND AND AND AND AND AND AND A	• - 1	QF	(DAY) (YEAR) (HO			JRY OCCUR?			<del></del>
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ICATION   23B. ADDRESS   23C. DATE SIGN  IEDAN   24A. BURIAL SE   24B. DATE   24C. NAME OF CEMETERY OF CREMATORY   24C. NAME OF CEMETERY OF CEMETER	RONER'S	ALIVE ON 10-2-8		AT DEATH OCCURRED AT 1:3	AM. FROM THE CAUSES A	ND ON THE DATE	STATED AROV	AST SAW THE D	ECEASED
ERAL   24A. BURIAL   24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (CITY. TOWN. OR COUNTY) (ST. CTOR)   10-30-5   Wickenburg   Wickenburg   25A. DATE REC'D BY   25B. REGISTRAR'S SIGNATURE   24B. FINERAL DIRECTOR'S SIGNATURE   24B. FINERAL DIRECTOR'S SIGNATURE   24B. FINERAL DIRECTOR'S SIGNATURE   24B. ADDRESS.	ICATION	ZJA. SIGNATURE	30 10	DEGREE OR TITLE	23B. ADDRESS		•		SIGNED
STAR   24A. BURIAL   24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (CITY. TOWN. OR COUNTY) (SI   10-30-5   Wickenburg   Wickenburg   25A. DATE REC'D BY 25B. REGISTRAR'S SIGNATURE   25B. FINERAL DIRECTOR'S SIGNATURE   25B. FINER	/ <u></u>	waan	-//. per	ry, M.D.	Wickenbe	ug, are	zona	10-29-	51
ND 25A. DATE REC'D BY 25B. REGISTRAR'S SIGNATURE 25. FINERAL DIRECTOR'S SIGNATURE ADDRESS.	771	Ceentre			ETERY OR CREMATORY	24D. LOE	ATION CITY. 1	ожи, ол социту	) (STATE)
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TRAK	STRAR	LOCAL REG.	25B. REGISTRAR'S	SIGNATURE	25. FUNERAL DIREC	TOR'S SIGNAT	PEL P.	A APRE	<b>96</b>
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